

P04000145916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

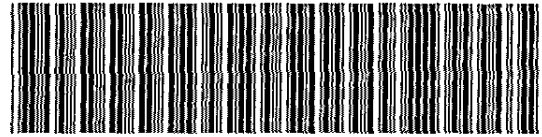
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04 OCT 22 PM 1:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

0041-37093

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Olympic Tae Kwon Do Academy, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Christian Pate

Name (Printed or typed)

11607 Grove Arcade Drive

Address

Riverview, FL 33569

City, State & Zip

813-758-3848

Daytime Telephone number

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Pate's Tae Kwon Do Academy, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11266 Boyett Rd, Unit #20
Riverview, FL 33569

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Instruct martial art, sell martial arts supplies and dietary supplements

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Gina M. Pate
11607 Grove Arcade Dr.
Riverview, FL 33569

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christian E. Pate IV
11607 Grove Arcade Dr.
Riverview, FL 33569

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent

10-19-04
Date


Signature/Incorporator

10-19-04
Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA